

A

OFFICE ADMINISTRATIVE

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| United States Bankruptcy Court<br>District of <u>TX</u><br><u>Houston</u> Division |  | PROOF OF CLAIM<br><u>Chap. 11 6/2/2000</u> |
| In re (Name of Debtor)<br><u>Stage Stores, Inc.</u>                                |  | Case Number<br><u>00-35078-H-2-11</u>      |

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

|   |   |
|---|---|
| Name of Creditor<br>(The person or entity to whom the debtor owes money or property)<br><u>KFOR-TV #3976</u>                              | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Name and Addresses Where Notices Should be Sent<br><br>c/o Szabo Associates, Inc.<br>3355 Lenox Road, 9th Floor<br>Atlanta, Georgia 30326 |   |
| Telephone No. <u>404/266-2464</u>   |   |

UNITED STATES COURTS  
SOUTHERN DISTRICT OF TEXAS  
FILED

JUN 26 2000 AM

Michael N. Milby, Clerk

THIS SPACE IS FOR  
COURT USE ONLY

|  |   |
|--|---|
| ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:<br><u>250769-01</u> | Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____<br><input type="checkbox"/> amends |
|--|---|

|   |  |
|---|--|
| 1. BASIS FOR CLAIM:<br><input type="checkbox"/> Goods sold<br><input checked="" type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other (Describe briefly) | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensations (Fill out below)<br>Your social security number _____<br>Unpaid compensations for services performed<br>from _____ (date) to _____ (date) |
|---|--|

|   |                                       |
|---|---------------------------------------|
| 2. DATE DEBT WAS INCURRED:<br><u>3-4-5-6-2000</u> | 3. IF COURT, JUDGMENT, DATE OBTAINED: |
|---|---------------------------------------|

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| 4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.   |   |
| <input type="checkbox"/> SECURED CLAIM \$ _____<br>Attach evidence of perfection of security interest<br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly)<br>Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ | <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3)<br><input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6)<br><input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ |
| <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____<br>A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of claim.  | *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |
| <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____<br>Specify the priority of the claim.  |   |

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|--|
| 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>19,167.50</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ <u>19,167.50</u> (Total)                                      |
| <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. |

|  |
|--|
| 6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.   |
| 7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. |
| 8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |

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| Date<br><u>6/22/2000</u> | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br>Szabo Associates, Inc., Agent<br>By: <u>Marilyn Zimmerman</u> |
|--------------------------|--|

542



TO:

STAGE STORES C/O REYNOLDS  
MEDIA SERVICES  
2425 FOUNTAINVIEW #355  
HOUSTON, TX 77057

AGY# 924

444 East Britton Rd.  
Oklahoma City, OK 73114-0068

405-424-4444 Phone  
405-478-6206 Fax

PAGE 1

STATEMENT DATE  
05/31/00

TERMS ARE: NET 30 DAYS  
286709

444 E BRITTON ROAD  
OKLAHOMA CITY OK 73113  
405-478-6206 (FAX)  
405-424-4444 (PHONE)



STAGE STORES/L  
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05/23/00  
04/23/00  
05/21/00  
06/03/99

5,227.50  
6,842.50  
5,142.50  
8,967.50  
4,972.50

6,842.50-  
5,142.50-  
1,881.90-  
ADV TOTAL

17,285.60

ADVERTISER NAME

MO

INVOICE  
NUMBER

INVOICE  
DATE

CHARGES

CREDITS

BALANCE

CURRENT MONTH

LAST MONTH

TWO MONTHS

THREE MONTHS

OVER FOUR MONTHS

KFOR 4,972.50

8,967.50

5,227.50

1,881.90

TOTAL  
AMOUNT DUE

17,285.60

PAID

10/10/00

17,285.60



PLEASE ACKNOWLEDGE CLAIM

|  |                                |                |
|--|--------------------------------|----------------|
| United States Bankruptcy Court<br>Southern District of Texas<br>Houston Division |                                | PROOF OF CLAIM |
| In re (Name of Debtor)<br>Stage Stores, Inc.                                     | Case Number<br>00-35078-H-2-11 |                |

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|  |                      |
|--|----------------------|
| 5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:<br>\$ 19,162.50 (Unsecured) \$ (Secured) \$ (Priority)  | \$ 19,162.50 (Total) |
| <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. |                      |

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| Date<br>6/22/2000 | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)<br>Szabo Associates, Inc., Agent<br>By: Marilyn Zimmerman |
|-------------------|---|